

Dr. Amy Wells  
5470 Shilshole Ave NW #300  
Seattle, WA 98107  
(206) 632-2154

### CLINIC POLICIES: Dr. Amy Wells, ND PLLC

#### **Financial Policies**

**Insurance Billing:** You are required to provide proof of insurance coverage (insurance card) at the time of your visit. For patients with insurance coverage in which Dr. Wells is a participating provider, we bill insurance directly and accept their payment plus any co-payments, co-insurance, deductibles and payments for non-covered services as payment in full. If your policy has an office visit co-payment, you agree to pay the co-payment at the time of your visit. **Patients are responsible to know the terms of their insurance and whether naturopathic services are covered.** If services are not covered, patients are responsible for payment.

For patients with an insurance plan in which Dr. Wells is not contracted, we will be happy to courtesy bill your insurance company. Please provide us with the necessary information. It will be your responsibility to follow-up with your insurance company should they deny payment for any reason. Keep in mind that ultimately your account balance is your responsibility.

**Time of service / out of network discount:** In recognition that patients seeing Dr. Wells out of network or with no coverage will be paying in full out of their own pocket, such patients will receive a discount on visits in the form of a reduced hourly rate. Dr. Wells' in network hourly rate is \$375; out of network and time of service patients will be charged a reduced rate of \$250 per hour. This discount does not extend to services, such as injections or manual therapy, or non-service products such as supplements.

**Payment of balances:** All balances must be paid within 30 days of the invoice date. Balances over 30 days will be charged to your card on file. In the event that your card on file declines or you have no card on file, we will add a 1% late fee to your account each month that it is past due.

**Supplements return policy:** Supplements may be returned, unopened, within 30 days of purchase for a credit on your account. Probiotics are not eligible for return.

**Late Cancellations and No Show Fee Policy:** We require 48 hours notice to cancel or reschedule your appointment. For appointments on Mondays, that means you must give notice on Thursday because we are closed on Saturday and Sunday. **Patients that "no show" or do not give 48 hours notice to cancel their appointment may be assessed a late cancel/no show appointment charge commensurate with Dr. Wells' time of service rate of \$250/hour. For example, a patient who "no shows" for a 60-minute appointment will be charged \$250, while a patient who "no shows" for a 30-minute appointment will be charged \$125.** This charge is your responsibility. Insurance companies do not pay for missed appointments. A "no-show" is when a patient misses an appointment without cancelling it. This includes arriving 15 minutes after your scheduled appointment. Late arrivals of 15 minutes or more may be required to reschedule their appointment and will be assessed a "no show" charge as listed above. A patient with two or more "no shows" maybe be discharged from the practice.

**Returned Checks:** We charge \$35 for returned checks to cover banking costs. Patients who incur NSF/returned check charges will be required to make future payments by cash, credit card or cashier's checks.

**Multiple Households:** When a child of divorced parents is seen, we will expect payment from whichever parent accompanies that child. We will not bill ex-spouses or parents who live outside the area.

**INITIAL THAT YOU HAVE READ AND UNDERSTAND THE FINANCIAL POLICIES ABOVE: \_\_\_\_\_**

#### **Informed Consent to Treat**

I hereby authorize qualified medical personnel to perform routine and emergency medical procedures as necessary to facilitate me or my child's diagnosis and treatment. This includes the following: common diagnosis procedures, minor office procedures, use of pharmaceutical, botanical, nutritional, and homeopathic medicine, manual/physical medicine and immunizations. I recognize there are potential risks and benefits of these procedures. This authorization will be in effect until revoked in writing by me.

**Notice to pregnant women:** All female patients must alert the doctor if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.

**INITIAL THAT YOU HAVE READ AND CONSENT TO THE ABOVE: \_\_\_\_\_**

**Health Insurance Portability and Accountability Act (HIPAA)**

I understand that Dr. Amy Wells will use and disclose health information about the patient in compliance with the HIPAA Act. I understand I am entitled to receive a copy of the Notice of Privacy Practices as outlined by Federal Regulations. I have the right to ask that some or all of the patient’s health information may not be used or disclosed in the manner described in the Notice of Privacy Practices. My signature below acknowledges I am aware of my rights in accordance to HIPAA.

**INITIAL THAT YOU WERE OFFERED A NOTICE OF PRIVACY PRACTICES: \_\_\_\_\_**

**Release of Health Information**

We keep a record of the health care services we provide you and your child. You may ask to see and copy that record (copy charges may apply). We will not disclose you or your child’s record to others unless you direct us to do so.

**Pager Service**

For urgent medical concerns after hours that cannot wait until the next business day you may contact the doctor on call. The number of the doctor on call is updated regularly on our office answering machine (206) 632-2154. If you do not receive a return call within 15 minutes please call again. If you have a medical emergency that cannot wait 15-30 minutes, call 911. Please note that there is a \$75 fee for all pager calls. This service is for urgent medical needs only, please reserve calls for routine or non-urgent concerns to business hours.

**Text, Email, and Phone Consults**

Text messaging is not accepted by Dr. Wells. All communication must take place in person, on the phone, or via Dr. Wells’ online portal.

Email messages will only be accepted through the online patient portal (described below). Other forms of email are not HIPAA-compliant and are inappropriate for use with regard to medical issues. Messages will not be accepted for urgent medical needs. Short messages clarifying follow-up on treatment plans or *as requested by your provider* are free of charge. Messages are reviewed and responded to in the order in which they were received. It may take **up to 1 week** for your doctor to be able to respond. Portal messages are not the best way for your provider to assess any new health symptoms or concerns. Please call to make an appointment.

Portal message and phone consults, as appropriate, are available for a fee of \$250 per hour for established patients. They are usually not billable to insurance, though your plan may have coverage.

**Patient Portal**

Patients are encouraged to sign up for a patient portal account. This allows you access to important chart information including lab results and medication and immunization records in addition to secure messaging with Dr. Wells. To sign up for an account simply contact the office or ask us at your next appointment. When you are enrolled you will receive an email from the patient portal system. You will need to follow the instructions in that email to complete your enrollment in the patient portal.

***I acknowledge that I have read and understand the information above.***

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Patient/Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Name**

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**Credit Card Information for Dr. Amy Wells, ND PLLC to keep on file**

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp: \_\_\_\_ / \_\_\_\_

CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I authorize Dr. Amy Wells, ND, PLLC to charge the portion of my bill that is my financial responsibility to this credit or debit card.

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This information is stored securely in your chart and will only be used in the event of unpaid balances over 30-days past due, per the terms of our clinic policy. Patients with no card on file will be billed monthly; overdue balances will incur a late fee.